



MISSOURI DEPARTMENT OF REVENUE  
MOTOR VEHICLE BUREAU  
P.O. BOX 3111  
JEFFERSON CITY, MO 65109

**TITLE ASSIGNMENT CORRECTION FORM**

FORM  
**5177**  
(REV. 7-2011)

The Missouri Department of Revenue certifies that the record attached hereto is an exact duplicate of the original title/certificate of ownership lawfully filed or deposited with the Department pursuant to Chapter 301 RSMo for the unit listed below:

Year \_\_\_\_ Make \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

The attached document contains incomplete information. Please record the information listed below in the assignment area of this form. Make sure this form is signed and dated and then return to the Department of Revenue at the above address.

☐ Purchaser(s) Name \_\_\_\_\_

☐ Purchaser(s) Address \_\_\_\_\_

☐ Odometer reading (No Tenths) at the time of purchase\* \_\_\_\_\_

☐ Signature of all Purchaser(s) \_\_\_\_\_ Date \_\_\_\_\_

☐ Signature of all Seller(s) \_\_\_\_\_ Date \_\_\_\_\_

☐ Sale Price \_\_\_\_\_ ☐ Date of Sale \_\_\_\_\_

\*Sellers signature required when mileage is needed at the time of purchase.

**ACKNOWLEDGEMENT - SIGNATURE REQUIRED**

I hereby declare under penalties of perjury, that I have completed the missing information on the form or had the seller complete the information as required by law. By signing below, I certify that the information listed is true, accurate, and complete to the best of my knowledge and belief.

BUSINESS NAME (PRINT COMPLETE NAME) \_\_\_\_\_

APPLICANT/BUYER OR AUTHORIZED AGENT'S PRINTED NAME AND POSITION \_\_\_\_\_

APPLICANT/BUYER OR AUTHORIZED AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SELLER'S PRINTED NAME \_\_\_\_\_

SELLER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_